

Social Sector Accreditation Standards

Level 3

Version 5.5.2 | August 2021

Introduction and information

These Social Sector Accreditation Standards have been produced by the New Zealand Government for the accreditation of providers funded by government to deliver social services.

All levels of the standards are periodically reviewed to ensure that content and references are up to date. To access the latest versions, or for more information about the accreditation process, visit [Te Kāhui Kāhu: Social Services Accreditation](#).

You can email Social Services Accreditation at: accreditation@tekahuikahu.govt.nz.

Table of contents

Client-centred services	3
Community wellbeing	4
Staffing	6
Health and safety	10
Governance and management structure and systems.....	13
Financial management and systems.....	15
Resolution of complaints related to service provision.....	17
Quality improvement	18
Client services and programmes.....	19

Client-centred services

[Top](#)

The organisation treats people with respect and delivers services in a manner that has regard for their dignity, privacy and independence.

1. The organisation promotes client-centred practice as central to its service development and delivery.

Guidance:

Evidence may include:

- policies and procedures relating to client participation in service review and development
- client participation in continuous improvement
- recognition of clients' views in governance, planning, organisational decision making, including client planning
- programme responsiveness to needs and trends of clients
- family/whānau engagement in the above processes where applicable
- service accessibility to people with disability
- service recognition and respect for clients' ethnic, cultural and spiritual values and beliefs
- services are delivered free from any discrimination, coercion, harassment, and sexual, financial or other exploitation.

Community wellbeing

[Top](#)

The organisation provides services which reflect the principle that the welfare and interests of the child or young person are first and paramount and where the wellbeing of all is upheld.

- 1. The organisation provides services in a manner consistent with [section 4A](#) of the Oranga Tamariki Act 1989, where services reflect the principle that the welfare and interests of the child or young person are the first and paramount consideration.**

Guidance:

The organisation will provide services in a manner consistent with section 4A of the Oranga Tamariki Act 1989.

The organisation will demonstrate that child protection policies and procedures are in place:

- describing positive and preventive approaches to behaviour management and how to minimise the need to use protective behaviour management, including:
- children/young persons' assessments to determine the need for behaviour support and management interventions
- a behaviour support plan
- interventions that can or cannot be used
- preventing, recognising, responding to and reporting child abuse.

Other information may be contained in:

- the organisation's children and young persons' charter outlining children/young persons' rights. Development of a children and young persons' charter should be based on the United Nations Convention on the Rights of the Child (UNCROC)
- staff induction training on the organisation's process for abuse prevention and reporting
- staff training on the recognition of and responses to the signs of abuse
- publications relating to positive behaviour management
- children/young persons' satisfaction surveys and programme evaluations
- consultation with children/young people when developing initiatives; for example, a children/young people's forum
- policies that demonstrate the "paramountcy" principle are reflected throughout service provision, including staff induction and training, client intake information and service planning.

- 2. The organisation has a process for dealing with allegations of abuse and situations that raise concerns about the safety of a client or associated community member.**

Guidance:

Policies and procedures will describe:

- an appropriate agency, including the New Zealand Police
- processes for recording issues of concern and notifications made, such as an incident register
- the process for reporting cases of harm or suspected harm to an appropriate agency, including the New Zealand Police.

Section 15 of the Oranga Tamariki Act states: "Any person who believes that any child or young person has been, or is likely to be, harmed (whether physically, emotionally, or sexually), ill-treated, abused, neglected, or deprived may report the matter to the chief executive [of Oranga Tamariki] or [the New Zealand Police]."

Documentation on file will include an acknowledgement of receipt of notification from Oranga Tamariki and follow-up information.

Staffing

[Top](#)

The organisation has the staffing capability and capacity to deliver services safely.

1. The organisation's staffing and staff relations policy and procedures comply with the relevant legislation.

Guidance:

Relevant legislation includes, but is not limited to: the Children's Act 2014; Employment Relations Act 2000; Minimum Wage Act 1983; Holidays Act 2003; Health and Safety at Work Act 2015; Human Rights Act 1993; Privacy Act 2020; and the Protected Disclosures Act 2000.

2. The organisation includes in its definition of staff anyone the organisation relies on to deliver its services. This includes caregivers, volunteers and contractors, as well as paid staff members.

Guidance:

Human resource policies and procedures will include:

- a definition of staff that covers all positions stated in this criterion
- the definition of volunteer includes the members of governance and management committees.

3. All staff members have a written agreement of service.

Guidance:

Staff files will include:

- a current employment agreement, volunteer agreement, governance role description, contract for service, or fixed term agreement that complies with legislative requirements, and is signed by the staff member and on behalf of the organisation
- a written job description or details of the volunteer role
- support documents, such as a code of conduct.

4. The organisation uses a clear, transparent and open process for recruiting and vetting suitable staff, including members of the organisation's governance body. Vetting of staff is to include, but is not limited to, a New Zealand Police vet.

Guidance:

Human resource policies and procedures will include:

- recruitment and selection policy and procedures that comply with legislation, including fair employment practices and the identification of positions defined as "children's worker" and "core worker" under the Children's Act 2014
- processes for selecting and vetting volunteers
- formal, recorded processes for verifying references, credentials and where relevant records from professional bodies/associations
- a formal, recorded process for carrying out a criminal background check using the New Zealand Police vetting service, or, if the position does not meet the criteria for NZ Police vetting, a Ministry of Justice criminal history check

- documenting advice received from government and/or professional bodies about employment.

The organisation will provide evidence that all children’s workers meet the following safety check requirements:

- confirmation of identity
- at least two referee checks
- qualifications checks
- a work history in chronological order for the last five years.

Where required, recruitment documentation will contain evidence of:

- vetting results for all staff and members of governance:
 - New Zealand Police vets
 - results from checking the records of professional associations
- completed application forms and associated documentation, such as applicant curriculum vitae and qualifications
- the interviewing process, including grids and decision-making tools; for example, a weighting selection tool
- the written interview process, including interview questions that comply with employment legislation.

5. The organisation will follow a robust decision-making process in responding to the results of vetting, including safety checking.

Guidance:

Policies and procedures will include a formal, recorded process for considering the results of vetting. An evaluation of all information, including a risk assessment, is required for children’s workers.

Where the vetting process raises serious concerns—for example, a vet returns a criminal history—decisions will be made at an appropriate level of management or governance in consideration of the following evidence:

- background checking and risk assessment
- factors associated with the offending; for example, the length of time since the convictions, the age and circumstances at the time, aggravating factors, rehabilitative behaviour, work history, character references, support structures, position responsibilities, and attitude towards offending
- how the welfare and best interests of children/young people are paramount in relation to the appointment
- suitability of the person for the appointment
- a risk assessment of the appointment in relation to the criminal convictions
- management plans, including any restrictions, controls, increased supervision, or vetting strategies proposed for the appointment.

5.1 The organisation effectively manages any staff with a conviction, including members of governance.

All decisions relating to the appointment, including the implementation of a management plan, will be documented. This will include evidence of the staff or governance member’s agreement to any restrictions, controls, increased supervision, or vetting strategies proposed for the appointment.

5.2 Unless a core worker exemption is held, an organisation does not employ any core children's worker who has a conviction for a specified offence under [Schedule 2](#) of the Children's Act 2014..

Evidence will include:

- an exemption received from government, if required
- a record of the evaluation of all relevant information and the decision-making process, as defined in criterion 5 above
- implementation of any management plans agreed to on appointment
- documentation relating to any reviews that amend agreed management plans
- documentation relating to any disciplinary action, changes to, or termination of employment.

Evidence will include a Core Worker Exemption received from government.

6. The organisation will complete Police checks, and any other relevant vetting for all staff at least every three years.

Guidance:

Evidence will include:

- completed vetting and background check results for all staff, including members of governance
- records of the process followed, and decisions made, where potential or existing staff members—including all members of governance—return a background check that identified a criminal conviction
- records of other relevant vetting where relevant, such as professional registration checks.

The organisation's policies and procedures will specify the process where charges are laid, or a conviction is upheld against a current staff member—including members of governance.

7. The organisation has sufficient qualified and competent staff to deliver its services.

Guidance:

The organisation will demonstrate that:

- the staffing capability matches the specifications of the funding bodies and requirements of service delivery
- staffing ratios and rosters meet the regulations and administrative requirements of government, and provide for the safe and effective delivery of services
- staff hold relevant qualifications and/or competencies to the services delivered
- where professional staff are required to be registered to a professional body, the registration remains current.

8. The organisation provides adequate induction, training, professional development, and support for all staff.

Guidance:

Evidence may be found in:

- records of completed induction training
- evidence that staff are adequately trained, according to the services delivered
- appropriate and timely supervision records for all staff
- staff training and professional development plans that relate to the performance appraisal or performance management process
- staff, volunteer and caregiver meeting records
- records of workload reviews or practice forums.

Health and safety

[Top](#)

The organisation ensures clients, staff and visitors are protected from risk.

1. The organisation ensures its place of work, and any place of work it uses or relies on for service delivery, comply with all legal and regulatory requirements.

Guidance:

The organisation will have written health and safety policies and procedures in place which align with the Health and Safety at Work Act 2015.

Evidence of this criterion will include, but is not limited to:

- clearly marked exits
- appropriately stocked first-aid kits
- disabled access
- regular, recorded maintenance inspections of all places of work and facilities the organisation uses to provide its services
- maintenance reports to management/governance
- a building warrant of fitness.

Where the organisation transports clients they will have written policies and procedures in place which meet relevant legislative requirements.

The organisation will, as reasonably practicable, consult, co-operate and co-ordinate activities with the purchasing agency/ies, with regard to the health and safety of workers engaged to perform a service, and the safety of general public.

2. The organisation will, as reasonably practicable, provide and maintain a working environment for its workers and members of the public, that is safe and without risk to health.

Guidance:

The organisation will ensure any workers engaged to perform a service will at all times identify and exercise all necessary precautions. This includes: the workers themselves, the agency's employees and members of the public who may be affected by the services.

Health and safety policies and procedures will be delivered in a manner appropriate to the type of service provided, and will include:

- hazard identification processes, including a register of all identified hazards and actions taken to mitigate any associated risks
- regular, recorded maintenance inspections of all places of work and facilities the organisation uses to provide its services, including maintenance reports to management and governance
- evidence of effective worker engagement and participation in health and safety matters
- regular, minuted health and safety meetings involving all appropriate staff
- evidence that staff ratios are considered when planning activities and that these are appropriate to the nature of the activity and the ages and ability levels of the participants
- a health and safety component in the staff induction programme, with sign-off by a staff member when it is completed

- a detailed business continuity and disaster recovery plan.

The organisation will ensure any planned activities are carried out in accordance with industry standards, and that:

- staff are appropriately qualified for any activities undertaken; for example, horse riding, rock climbing and kayaking
- required staff have current first-aid training and certification
- the organisation has a risk assessment and management system in place to assess the risks of activities and processes.

Practices relating to the supervision of clients will adhere to legal, regulatory and policy requirements, such as:

- supervising staff have the appropriate qualities
- written protocols on behaviour management are in place
- risk assessment and management systems are documented
- specific guidelines are developed to ensure the safety of victims where programmes for perpetrators are delivered
- staff are appropriately trained
- staff ratios meet requirements.

Where supervision of a client is a likely activity of the service, a detailed policy and procedure, including a risk assessment and management system, should be in place.

Where applicable, the organisation ensures the safety of any children being supervised in the place of work while their parents or caregivers receive services.

The organisation will respond effectively to incidents and events that have an emotional impact on clients or staff, including referrals to appropriate support services such as Employee Assistance Programmes.

The organisation provides staff with effective processes to resolve concerns or complaints. Staff disciplinary processes are consistent with the principles of natural justice, and ensure the support and safety of the staff member throughout the process.

3. The organisation has safety and emergency plans for the evacuation of its place of work and any other place of work it uses for service delivery.

Guidance:

The organisation will demonstrate that:

- up-to-date, appropriate emergency plans are in place for each of the places of work it uses to provide services
- evacuation plans are displayed
- exit signs are displayed
- regular evacuation drills are carried out and records are kept of the date and time of the drill, and staff who were present, designated roles and any follow-up actions required
- staff are trained in evacuation procedures
- clients and programme participants know about emergency evacuation procedures.

4. The organisation responds effectively to adverse events in the workplace.

Guidance:

The organisation will regularly, and upon request, inform the purchasing agency/ies on health and safety matters; especially if there is a health and safety incident relevant to workers engaged to perform a service.

The organisation will understand and fulfil its statutory and/or regulatory obligations in relation to essential notification reporting.

This may include, but is not limited to, notifying:

- WorkSafe New Zealand, as well as government agencies, of any notifiable injury, illness or incident (as defined in the Health and Safety at Work Act 2015). Notification to WorkSafe New Zealand must be made in accordance with the provisions of the Health and Safety at Work Act 2015.
- any purchasing agency of an incident, hazard or risk concerning health and safety. Written notification must be made to the purchasing agency/ies within reasonable time of this incident, hazard or risk occurring or being recognised.
- of any criminal event, the New Zealand Police.

The organisation will have policies and procedures in place to guide staff in responding to and managing an adverse event.

The organisation will record all adverse events and have:

- appropriate documentation relating to events that have occurred
- records of actions taken to prevent issues from recurring.

Adverse events will be addressed openly through a transparent disclosure policy.

Without impeding statutory investigations, the organisation will undertake an internal investigation to identify opportunities to improve service delivery and to identify and manage risk.

Governance and management structure and systems

[Top](#)

The organisation has clearly defined and effective governance and management structure and systems.

1. The organisation has a clearly defined and effective governance and management structure and systems.

Guidance:

The organisation will have documentation in place which clearly defines its legal status. Evidence may include the:

- certificate of incorporation
- trust deed
- constitution
- charters
- company registration
- organisation's rules.

2. The organisation collects, records, stores, and uses information, in keeping with the relevant legislation.

Guidance:

Relevant legislation may include, but is not limited to:

Privacy Act 2020; Public Records Act 2005; Domestic Violence Act 1995; Health (Retention of Health Information) Regulations 1996; Tax Administration Act 1994; Goods and Services Tax Act 1985; and Electronic Transactions Act 2002.

2.1 The organisation will follow policies and procedures for the collection, use and retention of personal information.

The organisation will have policies and procedures in place to ensure that:

- information collection, sharing and retention is in keeping with relevant legislative requirements
- personal information is collected for a clear and lawful purpose
- clients will be fully informed of who will have access to personal information the organisation holds about them, and how that information will be used
- clients are informed of their right to access information collected about them, and to the correction of that information (if necessary)
- when information is collected from children or young people, extra care is taken to ensure it is collected fairly and is not unreasonably intrusive
- information is disposed of securely when it is no longer required
- all privacy matters are responded to, and serious privacy breaches are reported to the Privacy Commissioner.

2.2 The organisation will have appropriate information technology and cyber-security safety measures in place to protect the privacy and security of information.

The organisation will have information technology and cyber-security safety measures to suit the needs of the organisation and the systems it uses.

This includes:

- the secure storage of all paper-based (hard-copy) documentation and client files

2.3 The organisation will ensure staff members understand privacy requirements.

- having measures in place to protect electronic information and systems from unauthorised access or loss (for example, firewalls; system updates; antivirus software; password protection)
- regular review of user accounts, passwords and system access
- the physical security of IT hardware and devices, including processes for e-waste disposal.

The organisation will demonstrate that it has staff who understand privacy requirements, including:

- appointing one or more individuals as privacy officers who are responsible for ensuring the organisation complies with the Privacy Act 2020
- training for all staff on the organisation's privacy policies and procedures.

Financial management and systems

[Top](#)

The organisation is financially viable and manages its finances competently.

1. The organisation is financially viable.

Guidance:

Accounts and reports will show:

- the organisation is solvent
- the organisation is able to pay its debts as they become due in the normal course of business
- the value of the organisation's assets is greater than the value of its liabilities
- processes are in place to ensure the organisation remains financially viable.

2. The organisation has financial management systems appropriate to the size and complexity of the organisation.

Guidance:

Financial policies and procedures will be in place. Financial management systems will align with the organisation's trust deed, constitution, rules or other founding documentation and relevant legislation.

All government funding is required to be shown as separate line items in the organisation's financial statements.

3. The organisation has adequate insurance cover for the size and complexity of the organisation.

Guidance:

The organisation will provide evidence it has an appropriate and current level of insurance. This may include, but is not limited to, indemnity for staff, including governance, asset and property insurance and business continuity insurance.

Evidence may include:

- insurance policies held
- value of the policy
- insurer's name
- expiry date.

4. The organisation has arrangements for the regular independent audit, or in some cases review, of financial accounts.

Guidance:

Where the organisation receives \$100,000 or more per annum from government, it will provide evidence of:

- annual audited accounts
- audit reports and auditor's opinion
- auditor's letter.

The auditor is independent from the organisation, and from the accountant or person who prepares the annual accounts.

Where the organisation receives less than \$100,000 per annum from government, it will provide evidence it meets the regulatory requirements for audit and review. The organisation must meet the audit requirements under its constitution or contract agreements.

Resolution of complaints related to service provision

[Top](#)

The organisation uses an effective process to resolve complaints about service provision.

- 1. The organisation has a formal process for receiving, considering and resolving complaints that is soundly based in law and is consistent with the principles of natural justice, and ensures the support and safety of the complainant throughout the process.**

Guidance:

The organisation will have a written complaints policy and procedure in place that describes:

- the process for dealing with formal and informal complaints, including how the organisation will undertake an independent investigation if required
- timeframes
- how people are kept safe through the process, including people with specific needs and the right of people to have the support of an independent advocate
- documentation of complaints and actions taken
- where the complainant can be referred if they are not satisfied with the resolution of the complaint.

Quality improvement

[Top](#)

The organisation aims for excellence and manages the quality and risk of services.

1. The organisation regularly monitors and makes improvements to its services.

Guidance:

Evidence of the monitoring of services may include:

- a policy outlining expectations for service review and improvement
- a process to ensure policy and procedures are regularly updated
- implementation of internal or external assurance findings
- reporting on services to management and governance
- analysis of feedback from clients, referrers, funding bodies, and other stakeholders
- monitoring and evaluation of service delivery and outcomes achieved by clients.

Evidence of making improvements to services may include:

- updated policy and procedure
- revised programmes and services
- improvements to internal process
- communication of changes to staff and clients.

Client services and programmes

[Top](#)

The organisation provides client services and/or programmes that meet clients' needs, reflect desired outcomes and goals, and are planned, co-ordinated and reviewed.

1. The organisation collects appropriate information and ensures the needs of the client match the criteria for service.

1.1 The organisation ensures it has necessary consents.

Guidance:

The organisation will have written intake policies and procedures.

The organisation collects appropriate information relating to the client's presenting issues and needs.

The organisation has written client consent policies and procedures.

Documentation held by the organisation will include signed consent forms on the client's file. For example:

- client agreement to participate in services
- consent for a client to participate in services given by their representative; for example, a parent, caregiver, Oranga Tamariki social worker, advocate, or legal guardian
- consent to transport the client if necessary
- consent to obtain or release information
- consent to medicate and to obtain medical assistance if required.

2. The organisation develops timely, effective plans for all client services and programmes.

Guidance:

The organisation has client planning policies and procedures, including appropriate timeframes. Client and programme records are sufficient. Client services and programmes are adequately resourced.

Information on records will include evidence of the following:

- planning meets needs of the client and the objectives of the service or programme; for example, group programme plans for children demonstrate various activities that are child-focussed, appropriate for their age and development, and allow for choice
- services delivered to young people clearly identify how the service will be used to meet their individual goals
- plans identify and mitigate safety risk to clients and others
- the organisation completes regular, formal recorded reviews of services delivered.

Where appropriate, plans include:

- consultation or involvement with the client's family and others
- evidence the conclusion of a service or programme is planned and prepared for.